

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ANNAPRAGADA et al.

Attorney Docket No.:
LAM1P157/P0718

Application No.: 09/746,900

Examiner: CROWELL, Anna M.

Filed: December 22, 2000

Group: 1763

Title: METHOD OF ETCHING WITH NH3 AND
FLUORINE CHEMISTRIESCERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Box Non-Fee Amendment, Commissioner for Patents, Washington, D.C. 20231 on February 11, 2003.

Signed: Sue Funchess

Sue Funchess

H4A
2/26/03
mmAMENDMENT A

Box Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

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Dear Sir or Madame:

This is in response to the office action mailed November 12, 2002. The period of response extends to February 12, 2002. Please consider the following remarks and amend the above-identified patent application as follows:

In The Specification:

On page 12, lines 18-27, please amend the paragraphs as follows:

"Another embodiment of the invention may use a combined resist strip and barrier etch step to reduced etching damage as described in U.S. Patent [Application No. _____ (Attorney Docket Number LAM1P158)] No. 6,518,174 entitled "A Combined Resist Strip And Barrier Etch Process For Dual Damascene Structures" by Rao Annapragada and Reza Sadjadi, with the same filing date, and which is incorporated by reference.

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1763
PATENT



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Application No.: 09/746,900 Examiner: CROWELL, Anna M.
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Signed: Sue Funchess
Sue Funchess

AMENDMENT A TRANSMITTAL

Commissioner for Patents
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.
The fee has been calculated as shown below.

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	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	19	MINUS	20	0	x 9 =	x 18 = \$-0-
Independent Claims	2	MINUS	3	0	x 42 =	x 84 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
Total					\$	\$-0-

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. LAM1P157).
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-0388 (Order No. LAM1P157).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

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